

# Austin Lobby Quarterly Activity Report Cover Sheet

FORM QAR  
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI  Michael	PAGE # 20
	LAST; SUFFIX Martinez	ACCOUNT # 00090662
2 EMPLOYING ENTITY	Entity/Organization Name	<b>OFFICE USE ONLY</b>
3 LOBBYIST PERMANENT BUSINESS STREET ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  5229 Tower Trail   Austin, TX 78723	Date Received ELECTRONICALLY FILED 10/11/2021
		Receipt #
		HD / PM Amount
		Date Processed
4 LOBBYIST BUSINESS MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  5229 Tower Trail   Austin, TX 78723	Date Imaged

5 LOBBYIST REGISTERED UNDER BUSINESS ENTITY
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# Austin Lobby Quarterly Activity Report Municipal

## FORM QAR SCHEDULE Municipal Question

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipal Question:  Sch: 1/1 Rpt: 2/20
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<b>4</b> MUNICIPAL QUESTION	The Fiscal Year Budget Process, October 1 Through September 30th.
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<b>5</b> MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	The municipal question pertain to real property
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<b>6</b> REAL PROPERTY	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP
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<b>7</b> PROPERTY DESCRIPTION	
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### SUBJECT MATTER CATEGORIES

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>1</b> Accessibility or Persons with Disabilities                            | <input checked="" type="checkbox"/> <b>14</b> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> <b>26</b> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> <b>2</b> Affordability  | <input checked="" type="checkbox"/> <b>15</b> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> <b>27</b> Permits (Other)  |
| <input checked="" type="checkbox"/> <b>3</b> Animals  | <input checked="" type="checkbox"/> <b>16</b> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> <b>28</b> Public Safety, Police, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> <b>4</b> Annexation   | <input type="checkbox"/> <b>17</b> Historic Preservation   | <input checked="" type="checkbox"/> <b>29</b> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input checked="" type="checkbox"/> <b>5</b> Arts, Music, Film, Cultural or Creative Industries         | <input checked="" type="checkbox"/> <b>18</b> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> <b>30</b> Quality of Life Affairs   |
| <input checked="" type="checkbox"/> <b>6</b> Aviation   | <input type="checkbox"/> <b>19</b> Human Rights or Immigration   | <input checked="" type="checkbox"/> <b>31</b> Real Estate  |
| <input checked="" type="checkbox"/> <b>7</b> City Infrastructure or Public Works                        | <input checked="" type="checkbox"/> <b>20</b> Labor or Workforce   | <input checked="" type="checkbox"/> <b>32</b> Rules, Proposed Rules, or Rule Making                                |
| <input checked="" type="checkbox"/> <b>8</b> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> <b>21</b> Land Development or Land Use   | <input checked="" type="checkbox"/> <b>33</b> Taxation or Fees   |
| <input type="checkbox"/> <b>9</b> Code Compliance   | <input type="checkbox"/> <b>22</b> Municipal Court   | <input checked="" type="checkbox"/> <b>34</b> Technology or Communications   |
| <input checked="" type="checkbox"/> <b>10</b> Construction  | <input checked="" type="checkbox"/> <b>23</b> Municipal Legislation  | <input checked="" type="checkbox"/> <b>35</b> Transportation or Mobility   |
| <input checked="" type="checkbox"/> <b>11</b> Contracts or Procurement                                  | <input checked="" type="checkbox"/> <b>24</b> Neighborhoods  | <input checked="" type="checkbox"/> <b>36</b> Zoning or Platting   |
| <input checked="" type="checkbox"/> <b>12</b> Diversity, Equity, or Inclusion                           | <input checked="" type="checkbox"/> <b>25</b> Parks, Recreation, Libraries, or Museums                             | <input type="checkbox"/> <b>37</b> OTHER _____   |
| <input checked="" type="checkbox"/> <b>13</b> Economic Development                                      |  |  |

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 1/14 Rpt: 3/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Structura	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 9517 McNeil Road  Austin, TX 78758	
7 NATURE OF CLIENT'S BUSINESS	Construction, General Contracting	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 2/14 Rpt: 4/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Central Austin Management Group	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 701 South Lamar  Austin, TX 78704	
7 NATURE OF CLIENT'S BUSINESS	Development, Real Estate, Creative Space for Artists	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 3/14 Rpt: 5/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Sorcity	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 13625 Pond Springs Road  Austin, TX 78729	
7 NATURE OF CLIENT'S BUSINESS	Budget, Audits, tax savings	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENTFOR LOBBYING	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 4/14 Rpt: 6/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Hill International	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1233 West Loop South Ste. 1050  Houston, TX 77027	
7 NATURE OF CLIENT'S BUSINESS	Project Management, Construction Management, Owners Representative	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael		<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 5/14 Rpt: 7/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.		
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI		
	LAST; SUFFIX Sh 130 MMD		
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 8108 N. FM 973		
	Austin, TX 78724		
<b>7</b> NATURE OF CLIENT'S BUSINESS	Municipal Management District Operations and Development		

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 6/14 Rpt: 8/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  LAST; SUFFIX Artesia	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1000 East Cesar Chavez  Austin, TX 78702	
7 NATURE OF CLIENT'S BUSINESS	Real Eastate	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		



**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 7/14 Rpt: 9/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Reagan National Advertising	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 7301 Burleson Road  Austin, TX 78744	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Ourdoor Advertising	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 8/14 Rpt: 10/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Premier Magnesia	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 75 Giles Place  Austin, TX 28786	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Water/Wastewater	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Municipla Question:  Sch: 9/14 Rpt: 11/20
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Drawbridge Realty	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP Three Embarcadero Center Ste. 2310  San Francisco, CA 94111	
7 NATURE OF CLIENT'S BUSINESS	Real Estate Development	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 10/14 Rpt: 12/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Colton House Hotel	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 2510 S. Congres Ave  Austin, TX 78704	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Hospitality	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 11/14 Rpt: 13/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Levy Architects	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 2438 W. Anderson Lane  Austin, TX 78757	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Architect & Design Services	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 12/14 Rpt: 14/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Richards Rainwater	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 2770 W. HWY 290  Dripping Springs, TX 78620	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Rainwater Harvesting sales and service	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 13/14 Rpt: 15/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Rowing Dock	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 2418 Stratford Drive  Austin, TX 78746	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Boat, Canoe, Kayak, SUP Rentals	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input type="checkbox"/> LESS THAN \$10,000 <input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipla Question:  Sch: 14/14 Rpt: 16/20
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX O-SDA Industries LLC	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 5501-A Balcones Drive  Austin, TX 78732	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Affordable Housing	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		



# Austin Lobby Quarterly Activity Report Statement of No Activity-Lobbyists

## Statement of No Activity

<b>1</b> LOBBYIST NAME Martinez, Michael	<b>2</b> LOBBYIST ID 00090662	<b>3</b> Total pages Schedule Municipal Question:  Sch: 1/1 Rpt: 17/20
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This information serves as the electronic signature of the person legally responsible for filing this report.

Lobbyists or registrants who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the conditions below.

I received no Client Compensation or Reimbursement during this reporting period (Section 4-8-6(A)(2)).

I made no Expenditure for lobbying during this reporting period (Section 4-8-6(A)(3)).

I have not exchanged money, goods, services, or anything of value in the amount of \$500 or more with a business entity in which a City official is a proprietor, partner, director, officer, manager, employer, employee, or in which a City official has a substantial economic interest (Section 4-8-6(A)(4)).

I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (Section 4-8-6(A)(4)).

I have no registration information to update (Section 4-8-5 and 4-8-6(A)(1)).

☐ I have read the conditions above and confirm that I have no reportable activity to disclose during the reporting period

Michael Martinez

Signature of Filer

# Austin Lobby Quarterly Activity Report Expenditure Totals

FORM QAR  
SCHEDULE Expenditure Totals

1	LOBBYIST NAME Martinez, Michael	2	LOBBYIST ID 00090662	3	Total pages Schedule Expenditure Totals:  Sch: 1/1 Rpt: 18/20
4	EXPENDITURE TOTALS				
	Reimbursements to Others	\$			
	Food & Beverages	\$			
	Transportation & Lodging	\$			
	Gifts	\$			
	Entertainment	\$			
	Awards & Mementos	\$			
	Honorariums	\$			
	Made for the Attendance of Council Members at Charitable Events or Fundraisers	\$			
	Media Communications	\$			
	Payments to Persons Assisting with Media Communications (Political Strategists, Pollsters, Consultants, etc.)	\$			

**Austin Lobby Quarterly Activity Report Termination Notice**  
**Lobbyist Quarterly Activity Report**

1 LOBBYIST NAME Martinez, Michael	2 LOBBYIST ID 00090662	3 Total pages Schedule Report Termination:  Sch: 1/1 Rpt: 19/20
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4 TERMINATING REPORT	<input checked="" type="checkbox"/> Terminate your registration with this activity report
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# **Austin Lobby Quarterly Activity Report File Declaration-Lobbyist**

## **Lobby Activity**

### **AFFIDAVIT**

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the facts provided in this report are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code Chapter 4-8.

I understand that pursuant to Section 4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Michael Martinez

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Signature of Filer